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APPLICANTS
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**** CONTINUING DATA *******
NONE NC

**** FOREIGN APPLICATIONS *******
None NC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Examiner's Signature: *[Signature]* Initials: *NC*

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TITLE
Wavelength distribution architecture and implementation for a photonically switched network

FILING FEE RECEIVED 1148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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